ARTICLE 4

SECTION 11

_____

SOCIAL SECURITY NUMBER REQUIREMENTS

1. GENERAL

This section clarifies MEM regulations and establishes procedures to be followed when the applicant/beneficiary is unable to provide or does not have a Social Security Number (SSN). The SSN validation process, in which the SSNs of Medi-Cal and AFDC beneficiaries are matched against Social Security Administration (SSA) records, and SSN validation error resolution procedures are also included in this section.

2. REQUIREMENT TO PROVIDE SOCIAL SECURITY NUMBER (SSN)

A. Full-Scope Benefits

As a condition of eligibility for full-scope Medi-Cal benefits, each applicant/beneficiary (except infants under the Deemed Eligibility program or refugees under Refugee Medical Assistance/Entrant Medical Assistance (RMA/EMA) program) must, within 60 days of the date of application but not necessarily prior to the approval of eligibility, either provide an acceptable verification of his/her SSN or cooperate in obtaining one.

MEM 50168
ACWDL 03-49
ACWDL 06-15

Note: Under SB 87 regulations, workers cannot require individuals to provide information/verification already on file with the county and not subject to change. Therefore, before requesting SSN verification from an applicant/beneficiary, workers must first attempt to verify the SSN through the *ex parte* process outlined in MPG Article 4, Section 7, Item 9.B.

ACWDL 01-36

1) Provide an acceptable verification of his/her SSN. Acceptable verification includes the Social Security card, SSA form series OA-702, an award letter, Medicare card or a check from the Social Security Administration (SSA) showing the applicant's name and SSN with the letters A, HA, J, T or M following the SSN, or an Income Eligibility Verification System (IEVS) applicant report with a code "J" or "*" in the SSN Ver Field; or

2) Cooperate in obtaining a SSN when the applicant/beneficiary does not have an SSN or cannot provide acceptable verification of his/her SSN by:

a) Applying for the SSN and submitting a verification of the application. This documentation is usually:

● A copy of a SS-5, Application for a Social Security card, or

● A MC 194 referral form annotated by a SSA official indicating that a completed form has been submitted, or

- A SSA-2853 form, "MESSAGE FROM SOCIAL SECURITY", signed by an official of the hospital where the baby was born. Reminder: this form is not required for newborns qualified for Deemed Eligibility. This completed form provides evidence that the parent applied (through the hospital) for a SSN for the newborn at the same time that the hospital personnel obtained information for birth registration under the California's Newborn Automatic Number Assignment (NANA) program.

ACWDL 95-44

b) Submitting proof of his/her attempt to apply for the number when SSA has not accepted the SSN application because of lack of documentation.

The applicant/beneficiary must furnish the SSN when it is received. Refer to Item 4D.2 of this section for follow-up procedures, when evidence of the application for a SSN is submitted pending receipt of the Social Security card.

B. <u>Restricted Benefits</u>

Every person requesting Medi-Cal who has a SSN at the time of application is <u>asked</u> to provide it regardless of immigration status. Therefore, every applicant is requested to indicate whether or not he/she has a SSN in Section D on the MC 13. Nevertheless, aliens eligible only for restricted benefits are <u>NOT</u> required to provide a SSN as a condition of eligibility. Aliens eligible for restricted Medi-Cal who claim to have a SSN but refuse to provide it should be granted eligibility if all other eligibility requirements are met. However, these applicants shall be referred to State Medi-Cal investigators for an investigation if there is reason to believe that they are withholding any information relevant to their Medi-Cal eligibility or share-of-cost. If an SSN is provided, it must be used on the MC 221, for the Income Eligibility Verification System (IEVS), and for any other mandated purposes. **Under no circumstances should a worker knowingly submit an incorrect or fraudulent SSN to MEDS.**

ACWDL 96-53

ACWDL 95-53

3. <u>CASE DOCUMENTATION</u>

Case documentation of the SSN verification provided is made by one of the means addressed below. This documentation is to be filed under the "Permanent Verification" tab.

A. <u>Photocopies</u>

SSN cards, SSA form series number CA-702, SSA award letters, SSN notification letters for IRCA aliens, and Medicare cards are to be photocopied.

B. SSA checks are not to be photocopied. When this form of verification is provided, the worker will record the pertinent information from the check--including the applicant's/ beneficiary's name, SSN and SSA check number--on Form 07-104 DSS.

C. The IEVS applicant abstract with a code "J" or "*" in the SSN Ver Field.

MPG Letter #520

4.   REFERRAL TO SSA

   A.   When to Refer to SSA

      Eligibility staff should refer applicants/beneficiaries to SSA in the following situations:

      1)   When the applicant/beneficiary cannot provide an acceptable verification of his/her SSN; or

      2)   When the applicant/beneficiary does not have a SSN; or

      3)   When the SSN has been reported as invalid and the case review and/or beneficiary states the County information is correct; or

      4)   When the beneficiary's birthdate does not match SSA files and the beneficiary has proof of the correct birthdate.

   B.   Referral Form

      Form MC 194 is to be completed in duplicate with one copy filed under the "Permanent Verification" tab of the case folder and one copy to the applicant/beneficiary. SSA will complete the receipt portion on the bottom of Form MC 194 and either give it to the applicant/beneficiary for return to the worker or mail it to the worker, whichever the worker requests.

   C.   Referral Procedures

      To refer the applicant/beneficiary to SSA, the worker will:

      1)   Give the client a completed MC 194 and a return envelope; and

      2)   Tell the client to take the MC 194 with proof of age, U.S. citizenship or alien status, and identity to the appropriate SSA office.

         a)   Applicant/Beneficiary is an Alien

            SSN considers Immigration and Naturalization Services (INS) Forms I-151, I-94, I-95a, or I-181 a/b, I-184, I-185, I-186, I-688, I-688A, SW434, AR3, AR3a, and WR495 to be acceptable verifications of alien status. When the alien can provide SSA with one of the forms listed above, SSA will process the alien's SSN application.

         b)   IRCA Aliens

            When applying for amnesty, aliens who report no SSN to INS complete Form SS5, Request for Social Security Number. INS forwards Form SS5 to SSA which assigns a SSN, then issues it to the alien via a letter (Appendix B) rather than a Social Security card. IRCA aliens with no SSA letter or SSN card, who

request full-scope benefits, must be referred to SSA to apply for a SSN or to obtain a duplicate SSN verification if they have already been assigned one. The SSA letter, SSN card or proof of application for a SSN must be provided by the IRCA alien within 60 days from the date of application for Medi-Cal. Once amnesty (legal temporary residence) is granted, the alien should receive Form I-688 and a SSN card issued by SSA, but provided by INS.

    c)   <u>Aliens Eligible for Restricted Benefits Applicants</u>

Aliens eligible for restricted benefits are not required to have a SSN to be eligible for restricted Medi-Cal benefits. The worker will enter zeroes for the SSN on AIS or on Line H of the 278 LM document. MEDS will issue a pseudo SSN for the MEDS record.

3) Ensure that the client understands which documents must be taken to SSA in order to apply for the SSN (a list of acceptable evidence is included on the MC 194). NOTE: Social Security requires a certified copy of the birth certificate and will not accept a hospital birth certificate.

4) Tell the applicant/beneficiary that if additional information/documentation is required by SSA, he/she is required to cooperate with SSA by making every reasonable effort to obtain the required documentation and submit it to SSA within 30 days;

5) Tell the applicant/beneficiary that it will take Social Security approximately 4-6 weeks to process the application and the Social Security card will be mailed directly to the client;

6) Tell the applicant/beneficiary that if he/she moves, he/she must file an address change with the Post Office or the SSN card(s) will be returned to SSA for cancellation;

7) Tell the applicant/beneficiary that when he/she gets the Social Security card(s), he/she must call the worker and request an appointment so that the worker may view and photocopy the SSN(s); and

8) Tell the applicant/beneficiary that failure to cooperate with SSA and/or comply with these requirements will affect his/her continued eligibility for Medi-Cal.

D.   <u>Follow-up Procedures</u>

The worker will set a control to check that the pending SSN receipt, MC 194, has been provided within 60 days from the CA-1 date for any member of the MFBU who could not supply verification of an existing SSN. Refer to 4.E. below for procedures to follow when the applicant/beneficiary fails to return the SSN application receipt.

COUNTY
POLICY

MPG Letter #366

1) <u>Form MC 194 Not Accepted due to Lack of Evidence</u>

When SSA indicates on the MC 194 receipt that the application for SSN was submitted <u>but not accepted due to lack of evidence</u>, the worker will:

a) Evaluate if the client is making every reasonable effort to obtain the required documentation and submit it to SSA;

b) If necessary, assist the client in obtaining the required documentation as indicated in MPG Article 4, Section 7;

c) Provide the client with a new completed Form MC 194;

d) Advise the client to obtain the required documentation, reapply for the SSN, and return the new Form MC 194 to the worker within 30 days;

e) Set a tic for 30 days for "pending SSN application"; and

f) Note the above information in the case narrative.

When the new MC 194 is not returned within 30 days, Medi-Cal is to be discontinued for the affected individual(s) based on failure to cooperate with SSA.

2) <u>Form MC 194 Accepted by SSA</u>

a) When the applicant/beneficiary returns the MC 194 indicating that the SSN application <u>was accepted</u>, the worker will note this in the case narrative and set a tic for "pending SSN." The tickler date is to be set for <u>90 days</u> from the <u>date the MC 194</u> is <u>received</u>.

b) If the client has not provided the SSN by the month prior to the month that the SSN shows due on the MER, the worker will note this in the case narrative and notify the client using Automated Letter #887.

c) If the client responds to Automated Letter #887 indicating that he/she has not received the SSN, the worker will:

(1) Give the client a new completed Form MC 194 and refer the client to SSA again, instructing the client to indicate to SSA that this is a <u>duplicate</u> application;

(2) Advise the client to mail or bring the second Form MC 194 to the worker within 10 days;

(3) Note in the case narrative that the client is cooperating in efforts to obtain or provide the SSN; and

MPG Letter #164

(4)   Tic the case for another _90 days_ indicating "pending SSN." When the client has not provided the SSN at the end of this 90-day period, another Automated Letter #887 is to be sent to the client requesting the SSN.

d)   If the client fails to respond to the second Automated Letter #887 within 30 days or fails to return the second MC 194 within 10 days, the worker will discontinue the affected persons.

E.   <u>Failure to Cooperate in Applying for and/or Providing the SSN</u>

When an applicant/beneficiary fails, for reasons within his/her control, to cooperate in providing or obtaining, a SSN, the applicant/beneficiary will be deleted from the case. When the parent, caretaker relative or legal guardian refuses to provide or cooperate in obtaining a SSN on behalf of a child, the child will be deleted from the case.

1)   Failure to cooperate is defined as follows:

a)   The client states that he/she <u>will not provide</u> the SSN if available, or <u>will not apply</u> for SSN on his/her own behalf or a child's;

b)   The client refuses to provide information to SSA that is accessible to him/her;

c)   The client fails to return the MC 194 after he or she was instructed to apply/reapply for the SSN; and/or

d)   The client fails to <u>obtain and submit</u> the documentation required by SSA within 30 days of the date that the original SSN application <u>was submitted but not accepted by SSA for lack of documentation</u>.

2)   When the client has refused to apply for or provide a SSN, the worker will:

a)   Document in the case narrative the client's refusal; and

b)   <u>Delete the person</u> from the case for whom the client has failed to apply for or provide the SSN.

The person(s) deleted from the case may not be reinstated until the client has cooperated by applying for the SSN <u>and</u> provided the application receipt, Form MC 194, <u>or</u> providing acceptable verification of the SSN to the worker.

NOTE: Persons deleted from the case are to be considered ineligible members of the MFBU in accordance with MPG Article 8, Section 1.

5. <u>SOCIAL SECURITY NUMBER VALIDATION</u>

The State Department of Social Services has initiated a process in which the Social Security Numbers of Medi-Cal and AFDC beneficiaries are sent to the Social Security Administration in Baltimore and matched against SSA's records. This process is called validation.

The process has two parts, the validation process and the referral process. The validation process is a semi-annual match of all unvalidated SSN's currently on MEDS. The referral process is an ongoing matching of persons referred to SSA for either a replacement SSN card or an initial application. The referral process also includes those persons who could not be "validated" in the semi-annual process. The referral process will update MEDS on a monthly basis.

A. <u>Validation Error Resolution</u>

In resolving unvalidated SSNs, the worker will compare the unvalidated data with the case record to determine where the error is.

ACWD
84-2

1) <u>Case Data Comparison</u>

Compare the unvalidated data with the case record data to determine if errors were made in the information forwarded to the state. The worker should check for:

a)   Incorrect SSN (i.e., SSN belongs to another family member).

b)   Transposition of a number in the SSN.

c)   Incorrect digit(s) in the SSN.

d)   Incorrect spelling of the first name and/or last name, use of maiden name instead of married name, use of nickname, or the use of two surnames for any of the children.

e)   Incorrect sex and/or birthdate.

2) <u>Error not in CDS or MEDS</u>

If the worker finds errors in either the County (CDS) or MEDS record, the worker must correct the information on MEDS and/or CDS.

3) <u>Error not in CDS or MEDS</u>

If no errors are found in the case record, the worker must contact the beneficiary to obtain/verify the information. The contact can be by telephone or in person. During the beneficiary contact, the worker will:

a)   Tell the client that the worker must sight verify the SSN to compare the SSN and name listed on the card with the SSN original document. If the contact is by telephone, tell the client that the SSN must be provided for sight verification.

b)   Determine by questioning the beneficiary if he or she used another name when applying at SSA for an SSN. Be alert to the possibility that the individual may have made up a number, used someone else's SSN, or that he or she may be using more than one number. (MEDS will automatically detect someone receiving aid in two or more counties using the same SSN, but MEDS will not detect the same person using two different numbers and the same name, or two different numbers and two names.)

c)   Ask for a date of birth verification to compare with the month and year shown on the report.

The SSA/DHS data match compares SSN, first six letters of the last name, first letter of first name, sex, year and month of birth, in that order. If any of these fields do not match, SSA notifies DHS of those SSNs which were not validated. However the specific data element(s) that caused the mismatch are not identified. Therefore, workers should continue to check data elements after discovering one inaccuracy. Checking all data elements will help prevent the same persons from appearing again on an unvalidated SSN report.

All corrections will be processed through MEDS and will be included in the next State Validation File submittal to SSA. If the record returns as "validated," the state files will be updated accordingly.

If the beneficiary indicates that the worker has the correct information, the worker must then refer the beneficiary to the local Social Security office via Form MC 194.

B.   Referral Error Resolution

In resolving unvalidated SSNs or discrepancies in the SSN information the worker will:

1)   Check each beneficiary report to identify the discrepancy item(s).

2)   For any difference (name, sex, date of birth, or SSN), contact the beneficiary to determine if he/she agrees with the SSA information.

3)   If he/she agrees with the SSA information, sight verify the appropriate documents and submit a change/correction on CDS and MEDS. These SSNs should then validate in the next validation process.

4)   If the beneficiary does not agree with the SSA information, refer the beneficiary to SSA with another Form MC 194. This form should (1) contain both the state and SSA data for each discrepant item, and (2) indicate that it is a second referral based

on refusal of the beneficiary to accept the SSA data record which was created when the individual was previously referred to SSA. Before this final referral the worker must emphasize to the beneficiary the need to provide convincing proof of the specific data items in question to SSA.

C.   Second MC 194 Returned

When SSA returns the Form MC 194 to the worker for a beneficiary that has been referred to SSA a second time, one or more of the following items will be indicated:

1)   SSA is revising its record to match the state record for each discrepant item. In this event, no action is necessary.

2)   SSA is not revising its record for at least one item, but may be revising other items. In this event, the worker should investigate the unrevised items further, via beneficiary contact and/or fraud referral. This investigation should result in either:

a)   A change in CDS and MEDS records and possible fraud action if the findings support the SSA data record; or

b)   Discussion of the findings with SSA to resolve any discrepancy between SSN and County/State records.

6.   MEDS IMPACT

MEDS will receive information from all of the validation processes. This information will be compared to the MEDS database and exception messages will be generated. These messages can be recognized by the transaction number which will be SS30 for reports from the semi-annual process and SS10 for reports from the monthly referral process.

A.   Referral Processing

When the beneficiary information is consistent, the MEDS recipient record is updated to show that the SSN was validated via the SSN referral process. If the SSA and MEDS information is not consistent enough to validate the SSN, the MEDS beneficiary record is updated to reflect that situation also. The MEDS field used to record the validation status is SSN-VER which is included on the MEDS full status inquiry screen. The MEDS Name Cross Reference File is also updated to include the name and birthdate from the referral record.

1)   Referral Reports

Messages generated by the MEDS referral process will appear on the County Eligibility Worker Alert Report. Referrals will be run as a separate process so that referral alerts will not be mixed with other daily or monthly transactions.

Referral alerts are issued when either follow-up action is needed for MEDS or information obtained from the referral may be useful to the worker. Alerts are directed to two case workers only when a referral record fails to match sufficient fields on MEDS and the beneficiary is currently active in a County other than the one that initiated the referral.

If a record is found on MEDS, referral alerts are in most cases directed to the current case worker. When messages are directed to the current case worker, the report header will contain the information currently on MEDS.

a) <u>Report Directed to Current Worker</u>

In the following circumstances, messages are directed to the current worker:

(1) The SSN was validated and the beneficiary is currently active;

(2) The referral case number matched a case number on MEDS but the referral SSN does not match the MEDS/ID (SSN); or

(3) The referral record failed to match sufficient fields on MEDS and the recipient is currently active or the referral County ID is the same as the current MEDS County ID.

b) <u>Report Directed to Initiating Worker</u>

When messages are directed to the case worker who initiated the referral, the report header will contain the information from the SSA referral record. No district, worker or case name information is available for the report header and the County ID will not show the units digit of the aid code. In the following circumstances messages are directed to the worker who initiated the referral:

(1) No record was found on MEDS (e.g., Food Stamp or Services Only recipients); or

(2) The referral record failed to match sufficient fields on MEDS and the recipient is currently active in another County or the referral County ID is not the same as the current MEDS County ID.

2) The following SSN validation messages may appear on reports produced by the referral process.

4801 SSA Update Validated - No Differences	Accept
4802 SSA Update Validated - With Differences	Accept
4803 SSA Update Validated - Different Birthdates	Alert
4804 SSA Update Validated - SSA Name New to MEDS	Alert
4805 SSA Update Matched - MEDS ID Change Required	Reject
4806 SSA Update Matched - Two Records on MEDS	Reject

4807 SSA Update Matched	- Different Birthdates	Alert
4810 SSA Update Failed	- Possible MEDS ID Change	Reject
4811 SSA Update Failed	- Possible Two Records on MEDS	Reject
4812 SSA Update Failed	- County ID Unknown to MEDS	Reject
4813 SSA Update Failed	- County ID & SSN Unknown to MEDS	Reject
4814 SSA Update Failed	- SSA Name Known to MEDS	Alert
4815 SSA Update	- Sex Discrepancy Between MEDS & SSA	Alert
4816 Name on Xref/No Record on MEDS Contact DHS	- Eligibility	Reject

B.   Validation Processing

Semi-annually the state will submit a computer tape to SSA containing all SSNs not yet validated. The SSN, County ID, sex, and birthdate sent to SSA for validation are taken from the information on the MEDS record at the time the validation file is created. However, if the MEDs Name Cross Reference File has a name identified as the SSA alias name, the alias name rather than the current MEDS beneficiary name is sent to SSA on the validation record. The SSA alias name is used for the match with SSA's records because a beneficiary may choose to use a different name on their Medi-Cal card.   The SSA alias name is used even though it may have been submitted by a previous County.

Validation records returned from SSA are matched to MEDS records and the SSN (MEDS-ID) is flagged as either validated or not validated in the SSN-VER field. Any change in birthdate or sex between the time the validation file was created and the time the returned file is processed is also noted in the SSN-VER field. The MEDS Name Cross Reference File is updated to show the name and birthdate from the validation record.

1)   Validation Reports

Messages generated by the MEDS validation process will appear on the County Eligibility Worker Alert Report. Validation will be run as a separate process so that validation alerts will not be mixed with other daily or monthly transactions.

Validation alerts are issued only when follow-up action is needed for MEDS. In most cases validation alerts are directed to the current case worker since the current worker is the only one who can change beneficiary information on MEDS.

If there is a problem with the County ID on the validation record or the SSN has been changed since the validation file was created, the alert is directed to the case worker responsible for the case at the time the validation file was created. The report header in these cases will contain the beneficiary information from the validation record. No district, worker or case name information is available for the report header and the County ID will not show the units digit of the aid code.

In all other cases, alerts are directed to the current case worker and are issued only if the beneficiary is currently active. When messages are directed to the current case worker, the report header will contain the information currently on MEDS to assist the County in identifying the case and the current worker.

2) The following SSN validation messages may appear on reports produced by the validation process:

4802 SSA Update Validated - With Differences		Accept
4803 SSA Update Validated - Different Birthdates		Alert
4815 SSA Update - Sex Discrepancy Between MEDS & SSA		Alert
4817 SSN Unvalidated - First Validation Attempt		Reject
4818 SSN Unvalidated - Previously Unvalidated		Reject
4819 Validation Bypassed - MEDS ID Subsequently Changed		Reject
4820 Validation County ID Unknown Contact DHS - Eligibility		Reject
4821 Validation Failed - Birthdate Subsequently Change		Reject
4822 Information Sent to SSA Returned as Validated		Alert
4823 Information Sent to SSA Returned as Unvalidated		Alert

C. Daily Update Processing Changes

In order to ensure the integrity of SSN validation information once a SSN (MEDS-ID) has been validated, MEDS edits will reject certain changes in the daily update processing.

1) SSNs

A SSN that has been validated cannot be changed by the County.

If a SSN has been validated and a worker has proof that the beneficiary has a different SSN, a copy of such proof and a MEDS Inquiry (Screen Print) should be sent to the MEDS liaison (W401).

2) Date of Birth

Once a SSN has been validated, MEDS will allow a birthdate change only with certain ranges. The ranges are:

a) If the year of birth matches exactly, the century, month and day may be changed.

b) If the month of birth matches exactly, the day may be changed, and the year of birth may be changed plus or minus one year.

However, state policy allows the County to accept and use a changed birthdate that has been documented by another governmental agency. (e.g., an alien registration card, with a new birthdate, issued by INS).

When a birthdate change is entered on a 278 LMB it is transmitted to MEDS. If the change is outside the acceptable range, the MEDS record is placed in a "hold" status and no Medi-Cal cards are issued. After two months, the MEDS record will change to a discontinued status.

3) <u>Required Worker Action</u>

The State Department of Health Services is in the process of developing a procedure that will allow birthdate changes outside the established range to be submitted by the County. Until this change is installed, staff will take the following action when a documented birthdate change is received from a client.

a) Complete a MEDS inquiry to determine if the SSN has been validated. (See MEDS USER Manual, Section A2.4, Page 152.1 for list of SSN verification codes.)

b) If the SSN has been validated and the new birthdate is outside the acceptable range:

   (1) Notate the birthdate change in the narrative;

   (2) Photocopy the verification for the new birthdate;

   (3) Enter the individual's person number and new birthdate on Line L of the 278 LMB;

   (4) Do not change the birthdate on Line H of the 278 LMB so Medi-Cal cards will continue to be generated;

   (5) Send a copy of the verification of the new birthdate to the MEDS Liaison (W401). The State Department of Health Services can change a SSN-verification Code on a beneficiary when SSN has been validated in order to allow correction of exception situations. When the SSN verification code has been changed by the state, the MEDS Liaison will instruct the worker to change the birthdate on Line H of the 279 LMB and delete the Line L entry.

c) If the SSN has been validated and the new birthdate is within the acceptable range:

   (1) Notate the birthdate change in the narrative;

   (2) Change the birthdate on Line H on the 278 LMB.

d) If the SSN has not been validated at the time a new birthdate is reported, the worker should take the same action as in c) above.

4) <u>Case with Birthdate Changes Previously Reported</u>

Workers should take the following action for cases known to have a beneficiary who has reported a birthdate change and the new birthdate was entered on Line H of the 278 LM.

a) Have a MEDS inquiry done to see if the MEDS record is in hold or discontinued status.

b) If the SSN was unvalidated at the time of the birthdate change or the birthdate change was within the acceptable range, the MEDS record should have remained in an active status.

c) If the SSN was validated at the time of the birthdate change and the change was outside the acceptable range, the case may now be in a hold or discontinued status.

(1) If the MEDS record is in a hold status, the worker should request, via Form 14-28 DSS, the MEDS operator to do an EW40 transaction to release the hold. The birthdate used should be the one originally reported. Medi-Cal cards will be generated for each month the record was in hold status.

(2) If the MEDS record is in a discontinued status, the worker should request an on-line EW20 transaction via Form 14-28 DSS. The birthdate used should be the one originally reported. The eligibility effective date should be the first month the MEDS record shows in discontinued status.

(3) Send a copy of the verification of the new birthdate to the MEDS Liaison (W401).

(4) The worker should send the beneficiary an informational notice advising them of the possibility of seeking reimbursement, from the provider, for medical services received for which they may have made payment. (See Appendix 4-13-A for a sample letter.)

APPENDIX A

DEPARTMENT
Letterhead

(Date)   Sample I
                                            Beneficiary Letter

Dear __(Beneficiary Name)__ :

You were eligible to receive a Medi-Cal card for the month(s) of _____. You did not receive a Medi-Cal card because you reported a new birthdate to your Eligibility Technician. Because of an error in the system, this new birthdate was rejected by the computer system which issues the Medi-Cal cards.

You will soon be receiving a Medi-Cal card for the month(s) of _____. The Medi-Cal record(s) will have your old birthdate listed. The Medi-Cal cards issued with your old birthdate are good and can be accepted by your doctor or other Medi-Cal provider.

If you have received services from a doctor or other Medi-Cal provider, give the provider a Medi-Cal identification label for the month of service. If you paid for the medical services, the provider may be able to reimburse you after you provide a Medi-Cal identification label.

You may want to take this letter with you when you give the provider the Medi-Cal identification label. This will let the provider know why you are late in providing the Medi-Cal identification label. The provider will also know it is all right to submit a claim with a birthdate different on the Medi-Cal identification label than the one you may have reported.

If you have any questions, please call, (telephone number).

Sincerely,

(ELIGIBILITY TECHNICIAN NAME (ET#)
Eligibility Technician

APPENDIX B

SSN Notification Letter for IRCA Aliens

LEGALIZATION OFFICER
U.S. IMMIGRATION & NATURALIZATION SERVICE
3041 65TH STREET
SACRAMENTO, CA 95820

NAME   DATE: 11-04-87
ADDRESS   SSN: 123-45-6789
                                                        INS: A12345678

As part of your application for legalization under the Immigration Reform and Control Act of 1986, you also applied for a Social Security Number (SSN). The number assigned to you is shown above.

If you are granted temporary lawful resident status, you will be notified by separate correspondence to pick up both your temporary resident card and your Social Security card at your Immigration and Naturalization Service (INS) Legalization Office. In the meantime, you may use the number shown above whenever you are asked for your Social Security Number.

MPG Letter #40

INFORMATION ABOUT WHEN YOU WILL RECEIVE
YOUR BABY'S SOCIAL SECURITY CARD

IMPORTANT: IF YOU HAVE NOT NAMED YOUR BABY, A SOCIAL SECURITY CARD CANNOT BE ISSUED.

You should receive your baby's Social Security card in about 11 weeks. In your State, it takes about 10 weeks before the information about your baby's birth is provided to the Social Security Administration. After the birth is registered, Social Security is given a computer tape which we use to issue your baby a Social Security card. The card will be mailed to you in about 1 week after we are notified by the State of your baby's birth.

If you are filing for <u>Welfare</u> or other public assistance benefits for your baby, <u>you will need the following information completed before you leave the hospital</u>.

This certifies that a Social Security number was requested for

_____

Name of Child

_____   _____

Signature of hospital official   Date

NOTE: Notify your caseworker when you receive your baby's Social Security card.

Form SSA-2853 (6/89) *Destroy Prior Editions*